PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application of Docket Number

NHL-950-01-07

CLAIMS AS FILED - PART (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			20					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	7,70.00
TOTAL CHARGEABLE CLAIMS 2			20 mi	0 minus 20=		. &		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 3 mir				ninus 3 =	15 3 =			X43=		OR	X86≃	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	^
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	770
9	9 3 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	.20	Minus	- 2	.0	=		X\$ 9=		OR	X\$18=	
AME	Independent	٠ 2	Minus		3	=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF ME	JLTIPLE DEI	PENDENT	CLAIM			.145-			+290=	
							L	+145=		OR	TOTAL	
							A	DDIT. FEE		OR,	ADDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)				•		
AMENOMENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID F	ER J S ŁY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	•	Minus	••		E		X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***		•	T	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	LAIM		T	+145=		OR	+290=	
											TOTAL	
		(Column 1)		(Column	r 2)	(Column 3)	AC	DIT. FEE L		O, t	DDIT. FEE L	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	Γ		ADDI- NONAL FEE	ſ	RATE	ADDI- TIONAL FEE
	Total	•	Vinus	••		=		X\$ 9=		OR	X\$18=	
N N	Independent	<u>l</u>	Minus	***		=	\vdash	X43=		F	X86=	
	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									DR -		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
H	the "Highest Nurr	nber Previously Paid	FOR IN THIS	SPACE is le	ss than	20, enter "20."	AD	TOTAL DIT, FEE		OR AL	TOTAL DDIT, FEE	
TI	ine "Highest Numl	nber Previously Paid ber Previously Paid	For (Total or I	SPACE is ki independent	ess than) is the h	3, enter "3." lighest number			opriate box i		•	